

Key Themes from Chronic Care Management Meeting, May 3, 2006

Committee Members in Attendance

Name	Organization
Victoria Doerper	<i>Executive Director, NWAAA</i>
Carol Frontiero	<i>SEIU-775</i>
Ellen Garcia	<i>Executive Director, Providence ElderPlace (PACE)</i>
Kary Hyre	<i>State Ombudsman</i>
Dr. Martin Levine	<i>Geriatrician, Medical Director of Senior Care</i>
Patty Mulhern	<i>Home Care Association of Washington</i>
Dan Murphy	<i>ADSA</i>
Sara Myers	<i>WA Adult Day Services Association</i>
Peter Nazzari	<i>Director, LTC System, CCC</i>
Jan Norman, RD, CDE	<i>Cardiovascular, Diabetes, Nutrition & Physical Activity</i>
Mary Klotz Walker	<i>Dean of SU School of Nursing</i>

Discussion focused on issues around the interface of 1) chronic conditions, 2) health promotion activity/life style modification and 3) disability or frailty. Participants raised specific issues related to adequately serving difficult to reach populations, such as those with developmental disabilities, dementia, living in rural areas, minorities and low literacy. Themes that can be used to bridge the delivery system and chronic care management aspects of the discussion include:

- Information/access/dissemination
- Lifestyle modification
- Care planning/case management/support coordination
- Specialized clinic services/wellness center, etc.
- Staff training/availability and person centeredness in community and institutional settings
- Payment

Attendees were asked to identify current problem areas. These areas have been classified into the topic areas above. Please note that the problem identified by the group did not include all of the areas above:

1) Information/access/dissemination

- Need to improve access to information about long term care options – the services are generally available, but people don't know how to access them.
- Appropriate health promotion information needs to be developed for and distributed to persons with developmental disabilities and their families. Information needs to be tailored to the adult person with DD who has a limited ability to read and comprehend.
- It will be a challenge to maintain adequate systems of professionals in the future to achieve broad-based care.

2) Staff training/person centeredness

- The long term care system is not prepared for the numbers of persons that will be presenting with dementia and dementia-related illnesses. There needs to be a

recognition of dementia as a qualifier for participation as providers in many service settings and service

- Even when the system appears to be working well, cultural and language issues are often missed resulting in minority populations being underserved. Often minority representatives need to be present for discussions in order for culturally specific issues to get on the agenda and be adequately covered.
- There needs to be an increased emphasis on a patient-center for health care.
 - health care focusing on the individual patient
 - development of health centers focused on chronic illness and disease care
 - integrated service delivery/ approach to move away from the siloed systems of care and support person-centered care.
- There is a need for increased training to adjust to increasing acuity levels in many community services and settings.

3) Care planning/case management/support coordination

- Each individual service is adequate, but transitions between types of services, or between service systems, could be improved.
- There are problems associated with the transition of the DD population from the school system to the adult long term care system
- Improvement is needed in coordinating the transition of individuals between services.
- Current time frame and trigger requirements for assessment and care planning are inadequate. There needs to be a frequent, ongoing assessment of change and required response. Increased training of case managers will be necessary to achieve effective levels of assessment and care planning.

4) Payment

- There is a disconnect between dementia diagnosis and reimbursement systems that are in place.
- A greater focus needs to be made to fund evidenced-based care in long term care.
- There is an insufficient supply of Adult Day Health Centers and Adult Day Centers due to: (a) cumbersome contracting processes and (b) low reimbursement.